# State of West Virginia Campaign Financial Statement (Short Form) in Relation to 2019 Election Year

Beginning in 2018, all candidates that file Campaign Finance reports with the Secretary of State must file electronically.

#### W. Va. Code §3-8-5b

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU CANNOT USE THIS FORM. YOU MUST USE THE LONG FORM (FORM F-7) TO FILE YOUR CAMPAIGN FINANCE REPORT.

- 1. Has your committee received any loans?
- 2. Has your committee held any fundraisers?
- 3. Has your committee received any miscellaneous receipts, such as refunds or checking account interest?
- 4. Does your committee have any unpaid bills?
- 5. Have you or anyone else given your campaign an in-kind contribution?
- 6. Has your committee given or received a transfer of excess campaign funds?

Committee or Candidate Nan		
Office Sought: Morgantown	City Council	District/Circuit: 6th Ward
Committee's Treasurer: Jay	Redmond	
Treasurer's Mailing Address:	941 Southpoint Circle, Morgantown, V	W 26501
Treasurer's Daytime Phone:	304-296-3388	
FIRST-PRIMARY Due last Saturday in March or within 6 days thereafter.  FIRST-GENERAL Due 43 days preceding gener or within 6 business days the	Due 15 days preceding general 6	POST-PRIMARY Due 13 days following primary election or within 20 business days thereafter.  POST-GENERAL Due 13 days following primary election
ANNUAL REPORT  Due in calendar yea  Due last Saturday in March or within 6 business days the	FINAL REPORT Zero balance required PAC mus file Dissolution (Form F-6)	AMENDED REPORT

#### **REPORT TOTALS**

### CASH BALANCE SUMMARY

Beginning Balance (ending balance from previous report)	1.		0
Total Contributions (from page 2)	2.	+	0
Subtotal (lines 1+2)	3.	=	0
Total Expenditures (from page 2)	4.	_	0
Ending Balance (lines 3-4)		=	0

# TOTAL CONTRIBUTIONS ELECTION YEAR-TO-DATE

(Add line 2 from all reports)

0	

# TOTAL EXPENDITURES ELECTION YEAR-TO-DATE

(Add line 4 from all reports)

	0	

<sup>\*</sup>Cannot have a negative ending balance

Date

### **CONTRIBUTIONS**

## \$250 or Less

Date	Full Name	Amount

### More than \$250

Date		Amount
	Full Name:	
	Address:	1
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	ŀ
	Affiliation: (political committee)	
	Full Name:	
	Address:	
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	
	Full Name:	
	Address:	Ŧ
	Contributor's job: (individual)	
	Employer: (individual)	
	Affiliation: (political committee)	

Purpose

Total Contributions: (add both columns)

0

**Amount** 

## **ITEMIZED EXPENDITURES**

Full name, residence address (if person); business address (if ven-

	ode §3-8-5a.		didate, Treasurer, or Agent		
				nent, as require	a by west
		ransactions occurring within th	e period covered by this stater	nent, as require	a by west
	ny knowledge, of all financial tr				
, Jay	Redmond	OATH OR AFFIRMA , swear or affirm	ATION that the attached statement is	true and correc	t, to the
			Total Expenditures:	0	
				5"	